



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

3/30/15

Susan Morgan  
505 North 8<sup>th</sup> St  
Keokuk IA 52632

Dear Susan,

This letter is in regards to the 3/26/15 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.

**Susan needs to show documentation of current physical for Ginnie on approved provider physical form.**

☐ 110.5(2)d An individual file is maintained for each substitute and contains:

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.

**Susan needs to show documentation of current physical for Ginnie on approved provider physical form.**

☐ 110.5(8) Children's Files

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.

**Need update for E.B., M.M.**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

**Need update for E.B., M.M.**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

**Need update for E.B., M.M.**

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

**Need update for L.B.(3).**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

**Need update for E.B., M.M.**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

**Need update for L.B.(3)**

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.

**Need update for E.B., M.M.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations by 5/14/15.**

☐ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

**I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.**

**Please sign and date below, and return this form in the provided envelope by: 5/14/15**

X \_\_\_\_\_  
Signature Date

Please do not hesitate to contact me at DHS at (319) 208-5521 if you have any questions regarding this letter.

Sincerely,

Chad Reckling  
Social Worker II

***MACHELLE PEZLEY***  
Machelle Pezley  
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-866-324-3236

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://www.dhs.state.ia.us/Consumers/Child\\_Care/Professional\\_Development.html](http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html) and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).